Name in Full: Hezekiah Chase

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Preston — County: Caroline

Date of death 1904 — Month: 9 — Day: 17 — Age — Years: 70 — Months: — — Days: —

Sex: Male — Color or Race: African — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Julia Anne Chase

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: J. R. Phillips — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enlarged Prostate Gland — How long: 15 yrs.

Immediate: Uremic Poisoning — How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide? —

LIBRARY BUREAU A68516

Name in Full: Martin Jefferson Cohee

CERTIFICATE OF DEATH

MARYLAND

Died at: Westlin (Town) Cowlin (County)

Date of death: 1904. Month: Sept 24th Day: 21 Age: Years 42 Months — Days —

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: Miller Where Residing if not at place of death: Westlin Md

Married, Single or Widowed: Married Name of Wife or Husband: Emma Beck

Father's Name: William Cohee Father's Birthplace: Maryland

Mother's Maiden Name: Emily Dill Mother's Birthplace: "

Name of person giving Information: Wm Cohee How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 2 Months

Immediate: General debility How long: 4 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M D

Address: Union Cowlin Co Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Gerard Ledwin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hurs Hours — County: Carroll

Date of death 190 4 — Month: Sept. — Day: 24 — Age — Years: 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving In formation: — — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long

Immediate: Paralysis — How long: Four days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Hus. Saulsbury

Address: Dunnville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Helen Wellington Cook

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton — County: Caroline

Date of death: 1904 — Month: Sept — Day: 28 — Age: Years: — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Caroline Co Md

Occupation: Infant — Where Residing if not at place of death: Carline Co Md

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ernest Cook — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Munroe — Mother's Birthplace: Maryland

Name of person giving information: Ernest Cook — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 3 days

Immediate: Exhaustion — How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Crouch, George MD

Address: Denton Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Sarah Hignell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Smith Ville; County: Caroline

Date of death: Month: Sept; Day: 2; Year: 1904

Age: Years: 55; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House Wife

Where Residing if not at place of death: Smith Ville

Married, Single or Widowed: Married

Name of Wife or Husband: Wm T. Hignell

Father's Name: Telgfman Hubbard

Father's Birthplace: Maryland

Mother's Maiden Name: Olivia Callison

Mother's Birthplace: Maryland

Name of person giving Imformation: Wm T. Hignell

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ty Phoid Fever — How long: 5 Weeks

Immediate: Perforation of the bowels — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M. D.

Address: Denton Caroline Co Md

Accident or Suicide? —

LIBRARY BUREAU A88515

Name in Full: Leland S Watling

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Goldsboro (County) Caroline

Date of death 1904 — Month: 9 — Day: 26 — Age: Years 10 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Goldsboro

Occupation: —

Where Residing if not at place of death: near Goldsboro

Married, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George C Watling — Father's Birthplace: Mech.

Mother's Maiden Name: Ella F Reed — Mother's Birthplace: Del

Name of person giving Imformation: Mrs Ella F Hanna — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 8 Days.

Immediate: Dip. poison ack. on heart — How long: a few hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Williams

Address: Greensboro. Md.

Accident or Suicide? N

LIBRARY BUREAU A98516